

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>5/31/90</u>		2 Serial/Patent # <u>07/459,058</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	<u>4</u>	<u>3/29/90</u>	\$ <u>120.00</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>120.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 6 -- 1 8 e 5 </div>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
<i>Application ^{specification} complete [redacted] upon filing.</i>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Fred Silverberg</u>		TITLE: <u>Special Prog. Examiner</u>		
SIGNATURE: <u><i>Fred Silverberg</i></u>		PHONE: <u>557-8384</u>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>6/22/90</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B